Location:									
APPLICANT INFORMATION									
Last Name:			First Name	):		M.I.:	Gender:	Gender:	
Date of Birth:			SSN:				Phone:	Phone:	
Permanent Add						Apt./Unit#:	Apt./Unit#:		
City:			State:		ZIP:		Email:	Email:	
Are you a U.S. citizen?			Yes	No	If no, are you authorized to work in the United States?		rk Yes	No	
Are you the age of 18 or over?			Yes	No					
Are you an Undergrad?			Yes	No	No. of Units this 0		GPA:		
Do you have Work Study?			Yes	No	If yes, amount of award:				
Have you worked at UCI before?			Yes	No	If yes, please list department(s):				
EMERGENCY CONTACT									
Name: Relationship:							Phone:	Phone:	
ACKNOWLEDGEMENT OF HIRE:   certify that my answers are true and complete to the best of my knowledge									
Signature: Date:									
Position Details- To be completed by Hiring Manager									
Title Code Project			Code Working Title						
Start Date		End Date			Account	F	und	Sub	
Hourly Paid?	No	Yes, Ra	ate		Percent *Max permitted 49%, (~19.5 hrs/wk)				
Monthly Paid?	No	Yes, Rate							
	Primary								
If TRS is Required	Backup								
Hiring Manager: Complete the following if hiring applicant into more than 1 position									
Title Code Proje		Project	Code		Working Title				
Start Date		End Date			Account	F	und	Sub	
Hourly Paid? No Yes, Ra		ate		Percent *Max permitted 49%, (~19.5 hrs/wk)					
Monthly Paid? No Yes, Rate									
I, the hiring manager/supervisor, have verified that the above position details indicated are approved and budgeted?*								No	
Supervisor Prin	.a sauge			D	ate	Ext.			
Supervisor Signature									

APPLICANT: Electronically Complete "Applicant Information" section. Provide completed form to Hiring Manager.
HIRING MANAGER: Complete "Position Details" section; Hiring Manager will submit completed form to Payroll & HR Manager for processing \*Please note, <u>any</u> future changes to applicant's pay-rate, title code, TRS supervisor, etc., will require resubmission of this form